

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. _____
Registered No. 60-1934

County <u>GILA</u>		State <u>ARIZONA</u>	
Township _____		or Village _____	
City <u>GLOBE</u>		No. <u>5 Black St.</u>	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		Ward _____	
Full name of child <u>Josefa Canos</u>			
Sex <u>Female</u>	If plural births _____	4. Twin, triplet, or other _____	6. Premature _____
		5. Number, in order of birth _____	7. Legitimate? <u>YES</u>
			8. Date of birth <u>July 10th</u> , 19 <u>03</u>
			(Month, day, year)
Full name <u>FATHER</u> <u>Manuel Canos</u>		18. Full maiden name <u>MOTHER</u> <u>Paulia Mercer</u>	
Residence (usual place of abode) (If non-resident, give place and State) <u>Globe, Arizona</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Globe, Arizona</u>	
Color or race <u>Mex.</u>	12. Age at last birthday <u>30</u> (Years)	20. Color or race <u>Mex.</u>	21. Age at last birthday <u>23</u> (Years)
Birthplace (city or place) (State or country) <u>Sonora, Mexico</u>		22. Birthplace (city or place) (State or country) <u>Arizona</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>None</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work _____, 19 _____		25. Date (month and year) last engaged in this work _____, 19 _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
Number of children of this mother <u>2</u>			
At time of this birth and including this child (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____			
If stillborn, period of gestation _____ (months or weeks)		29. Cause of stillbirth _____	
		{ Before labor _____	
		{ During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3 A.M.</u> on the date above stated			
(Born alive or stillborn)			
(Signed) <u>Refugia L. Brown</u>			
or _____			
Address _____			
Filed <u>April 9</u> , 19 <u>04</u> <u>Brown Bluffs</u>			
Registrar _____			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from supplemental report _____

(Date of) _____

Registrar _____

132-710-549